

To Whom It May Concern:

I am writing you today to let you know I am OBJECTING to the City of Detroit's Debtor's 284th Omnibus Objection to MY CLAIM, concerning the chapter 9 bankruptcy and the 10 percent pay cut. The city of Detroit did not need to cut my pay by 10% for 27 months. The department I was in water and sewerage collects over a \$1 billion dollars a year from at least 92 cities and townships in the State of Michigan.

The ten percent pay cut caused me a loss income I need to receive back. If you look on the third page at check stub for week 43, my weekly pay was \$602.40 which amounts to \$15.06 an hour, before my pay was cut. If you look on the check stub for week 44, my weekly pay was reduced to \$542.20 which amounts to \$13.55 an hour, after my pay was cut. That amounts to a weekly pay cut of \$60.20 and an hourly pay cut of \$1.51 an hour. The longevity pay that owed to me from 2010 is \$300.

The pay cut continued until 1/25/2015 as shown on the third page, under check stub for week 05. That amounts to a loss of wages of \$7343.40 over 27 months. The check stub on the fourth page show the stub for week 06, when my pay increased. The pay cut amounts to a loss of wages of \$6560.80 over 24 months, \$3730.40 over 12 months.

The City of Detroit owes me the above mention amounts for 27 months, 24 months and 12 months. My claim number is 2096.

Andrea R. Cantry

3/11/2016

96 MAR 11 P 12:20
BANKRUPTCY COURT
I. MICHIGAN-DETROIT

FILED (I)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Andre R. Canty</i>			
Name and address where notices should be sent: <i>31410 John R Road Apt. 109 Madison Heights, MI 48071</i>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: (248) 597-0784 email:			
Name and address where payment should be sent (if different from above): <i>31410 John R Road Apt. 109 Madison Heights, MI 48071</i>			
Telephone number: (248) 597-0784 email:			
<p>1. Amount of Claim as of Date Case Filed: \$ <i>Longevity 10% 1992 Hrs. X 10% of pay rate, and Spring Holidays for 2 years. X rate of pay. and 10% rate of pay since 2012. #31,040X.079</i></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <i>and 10% rate of pay since 2012. #31,040X.079</i></p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>			
<p>2. Basis for Claim: <i>Longevity</i> (See instruction #2)</p>		<p>3a. Debtor may have scheduled account as: _____ (See instruction #3a)</p>	
<p>3. Last four digits of any number by which creditor identifies debtor: <i>0</i></p>		<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p>	
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p>		<p>Basis for perfection: _____</p>	
<p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe:</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate (when case was filed) % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable</p>		<p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>	
<p>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____</p>			
<p>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____. \$ _____</p>			
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>			
<p>7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p>			
<p>8. Signature: (See instruction # 8) Check the appropriate box.</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)</p>			
<p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.</p> <p>Print Name: <i>Andre R. Canty</i></p> <p>Title: _____</p> <p>Company: _____</p> <p>Address and telephone number (if different from notice address above): _____</p> <p>(Signature) <i>Andre R. Canty</i> (Date) 2/15/2014</p>			
Telephone number: _____		email: _____	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

STATEMENT OF EARNINGS AND DEDUCTIONS

250287 PAYROLL A

FOR 10/15/2012 TO 10/21/2012 PAID 10/26/2012 CK000102

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			CANTY, ANDRE								43	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR				FICA	2439	114264	BENEFIT PLAN	40	DEFERRED PAY PLAN		GROSS EARNINGS	275327
OVERTIME				FEDERAL WITHHELD	6201	304035	LIFE INS.	127	SURVIVOR BENEFIT			100
SHIFT PREM.				MICHIGAN WITHHELD	2224	105387	RET. DET.	1807	CREDIT UNION		VACATION	30400
COLA				DETROIT WITHHELD	1423	66774	BONDS				COMP. TIME PRIOR COMP. TIME	1600
SICK	4000	60240		HOSPITAL MEDC	2180	4360	38011	00			SICK TIME RESERVE SICK TIME	112800
					842	39448						57600
					45030	1731						
						38082						
TOTAL GROSS			60240	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					19014	AMOUNT OF CHECK		41226

MAIL CODE 2250 AGENCY 62

			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			CANTY, ANDRE				54		0833110257		44	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR				FICA	2277	116541	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS	280749
OVERTIME				FEDERAL WITHHELD	5625	309660	LIFE INS.		SURVIVOR BENEFIT			100
SHIFT PREM.				MICHIGAN WITHHELD	2057	107444	RET. DET.	1627	CREDIT UNION		VACATION	30400
COLA				DETROIT WITHHELD	1327	68101	BONDS				COMP. TIME PRIOR COMP. TIME	1600
SICK	4000	54220		HOSPITAL MEDC	786	40234	38011	00			SICK TIME RESERVE SICK TIME	108800
												57600
TOTAL GROSS			54220	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					13699	AMOUNT OF CHECK		40521

MAIL CODE 2250 AGENCY 62

			EMPLOYEE NAME				BANK		ACCOUNT		WEEK	
			CANTY, ANDRE				04		0307049833		05	
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE			
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT
REGULAR	3200		43376	FICA	4279	20889	BENEFIT PLAN	40	DEFERRED PAY PLAN		GROSS EARNINGS	357166
OVERTIME	850		17283	FEDERAL WITHHELD	7325	35438	LIFE INS.	127	SURVIVOR BENEFIT			100
SHIFT PREM.	3200		800	MICHIGAN WITHHELD	2515	12225	RET. DET.	5800	CREDIT UNION		VACATION	800
COLA				DETROIT WITHHELD	1643	8010	BONDS				COMP. TIME PRIOR COMP. TIME	1600
HOL PREM	800		10844	HOSPITAL MEDC	3597	7194	38011	00			SICK TIME RESERVE SICK TIME	1600
	850		319	45030	1600	4885						5600
					1558	4674						
TOTAL GROSS			72622	TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS					27884	AMOUNT OF CHECK		44738

MAIL CODE 2250 AGENCY 62 UNIT 2250

NOT NEGOTIABLE PAYROLL DETACH AND RETAIN FOR YOUR RECORDS

CITY OF DETROIT, FINANCE DEPARTMENT, TREASURY DIVISION

250287 PAYROLL A FOR 1/26/2015 TO 2/01/2015

STATEMENT OF EARNINGS AND DEDUCTIONS
PAID 2/06/2015 ST500312

YOUR SOC. SEC. NO. IS THE NUMBER TO WHICH YOUR DEDUCTIONS ARE POSTED AND SHOULD BE NOTED IN ALL INQUIRIES.

			EMPLOYEE NAME				BANK	ACCOUNT			WEEK
			CANTY, ANDRE				04	0307049833			06
EARNINGS			TAXES, DEDUCTIONS AND REIMBURSEMENTS						YEAR TO DATE		
KIND OF TIME	TIME	UNIT	AMOUNT	TYPE	AMOUNT	YTD	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
REGULAR	4000	66263		FICA	3886	24775	BENEFIT PLAN		DEFERRED PAY PLAN		GROSS EARNINGS
OVERTIME				FEDERAL WITHHELD	6299	41737	LIFE INS.		SURVIVOR BENEFIT		100
SHIFT PREM.				MICHIGAN WITHHELD	2224	14449	RET. DET.	5964	CREDIT UNION		800
COLA				DETROIT WITHHELD	1472	9482	BONDS				1600
				HOSPITAL MEDC	909	00	38011	00			1600
											6400
											100
TOTAL GROSS		66263		TOTAL TAXES, DEDUCTIONS AND REIMBURSEMENTS				20754	AMOUNT OF CHECK		45509

MAIL CODE 2250

AGENCY 62

UNIT 2250

NOT NEGOTIABLE
DETACH AND RETAIN FOR YOUR RECORDS

PAYROLL